

Transportation Electronic Award Management System (TEAM)

Grantee / Recipient User Access Request

Check Applicable Box:	New User With Pin	Modify User	Username
	New User Without Pin	Delete User	Name Change Request

Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.

U

Gender (Optional) M F			
First Name*	M/I	Last Name*	Office Phone*
Title		FAX Number	
Organization Name*	Recipient ID		Email Address*
Mailing Address(Street Number, City, State and ZIP Code)*		User's Authorizing Signature (see instructions)	
		Printed Name of above	Date

**This is information is required to establish or modify your TEAM user account. By completing this form, you expressly attest that information provided is true and complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the basis for deletion of an existing TEAM account.*

A

Database	Recipient PIN Functions	Designated Recipient ID(s) (Indicate Below)
Production	Submit Application	
Quality Assurance	Execute Awards	
Both Production and QA	Certify as Lawyer	
Recipient Access Type	Certify as Official	
Inquiry Only	Certify as Both Lawyer and Official	
Modify/Update	Provide Supplemental Agreement	
Civil Rights (No PIN Needed)		
DBE Reporting		Metropolitan Planning Organization (MPO) ID
(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).		

ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE

As a TEAM user, I understand that I am personally responsible for the use and misuse of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I must comply with the following:

1. When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications.
2. I will not permit anyone to use my TEAM access information (i.e. user ID, password or other authentication). My password (or other authentication) will be kept private, not stored in a place that is accessible by anyone other than the myself (i.e. family members, friends, etc.). If stored, the password will not be in text format.
3. I will follow standard password procedures and change my password every sixty (60) days. My passwords will be at least twelve (12) alphanumeric characters and contain at least three of the following: one (1) capital letter, one (1) lower case letter, one (1) number and one (1) special character.
4. I will report any security problems and anomalies in system performance to the appropriate FTA Office.
5. I will notify the appropriate FTA Office to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer required.
6. I understand that if I am not using FTA-supplied equipment and FTA suffers a security breach or compromise that is my fault, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the causes and to take corrective action(s).

I agree to and will comply with all of these conditions and understand that failure to do so will result in permanent removal of my TEAM access, and may result in other disciplinary or legal action. By signing my name in the space below, I hereby acknowledge this agreement, and certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

Signature	Date	Printed Name
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FTA AUTHORIZATION

FTA Functional Approval	FTA Operational Approval
Signature of Authorizing FTA Official	Signature of Authorizing FTA Official
Printed Name	Printed Name
Title / Office	Title / Office
	Date Processed UserID

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Where to Submit the Completed Form

The form and supporting documentation must contain signatures, so it must be scanned and emailed (preferred), faxed, or mailed to the appropriate office in order to be processed and filed. Contact information is provided below:

Recipient / Grantee Forms

Please select your coordinating office, and submit your form and any required supporting documents to the contact below:

Managing Office	Areas Served	Mailing Address	Main Office Phone	Main Office Fax	Email
Region 1	Transit Grants for Projects in Connecticut, Maine, Massachusetts, New Hampshire, Vermont,	Transportation Systems Center Kendall Square 55 Broadway, Suite 920 Cambridge, MA 02142-1093	617-494-2055	617-494-2865	Laurie.Ansaldi@dot.gov Judi.Molloy@dot.gov Sean.Sullivan@dot.gov
Region 2	Transit Grants for Projects in New Jersey, New York	One Bowling Green Room 429 New York, NY 10004-1415	212-668-2170	212-668-2136	Maureen.Moritz@dot.gov Faye.Ellison@dot.gov Veronica.Pelt-Hawkins@dot.gov
Region 3	Transit Grants for Projects in Virginia, West Virginia, Maryland, Delaware, Pennsylvania	1760 Market Street Suite 500 Philadelphia, PA 19103-4124	215-656-7100	215-656-7260	Catharine.Githens@dot.gov Ann.dolecki@dot.gov Sheila.byrne@dot.gov
Region 4	Transit Grants for Projects in Alabama, Georgia, Florida, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Puerto Rico, Virgin Islands	Atlanta Federal Center Suite 17T50 61 Forsyth Street, S.W. Atlanta, GA 30303	404-562-3500	404-562-3505	David.Mucher@dot.gov Marie.Lopez @dot.gov
Region 5	Transit Grants for Projects in Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	200 West Adams Street, Suite 320 Chicago, Illinois 60606	312-353-2789	312-886-0351	Alicia.Berger@dot.gov Latonya.mickens@dot.gov Derek.Davis@dot.gov
Region 6	Transit Grants for Projects in Arkansas, Oklahoma, New Mexico, Louisiana, Texas	819 Taylor Street Room 8A36 Fort Worth, TX 76102	817-978-0550	817-978-0575	Linda.kemp@dot.gov Ruth.Johnston@dot.gov Phyllis.DeGarmo@dot.gov
Region 7	Transit Grants for Projects in Iowa, Kansas, Nebraska, Missouri	901 Locust Street Suite 404 Kansas City, MO 64106	816-329-3920	816-523-3921	Shannon.Graves@dot.gov Cathy.Monroe@dot.gov
Region 8	Transit Grants for Projects in Colorado, Montana, North Dakota, South Dakota, Utah, , Wyoming	12300 West Dakota Ave Suite 310 Lakewood, CO 80228-2583	720-963-3300	720-963-3333	Cheryl.Schlis@dot.gov Terry.Gonzales@dot.gov
Region 9	Transit Grants for Projects in Arizona, Nevada, California, Hawaii, American Samoa, Guam, Northern Mariana Islands	201 Mission Street Suite 1650	415-744-3133	415-744-2726	Philis.Yue@dot.gov Delilah.Enriquez@dot.gov Jonathan.Klein@dot.gov
Region 10	Transit Grants for Projects in Oregon, Washington, Idaho, Alaska	Jackson Federal Building 915 Second Avenue, Suite 3142 Seattle, WA 98174-1002	206-220-7954	206-220-7959	David.Powell@dot.gov Deborah.Ensor@dot.gov Kenneth.Feldman@dot.gov

Office		Primary	Alternate
Office of Administration	(202) 366-3605	Reggie.Whitlock@dot.gov	y.Rogers@dot.gov
Office of Budget and Policy	(202) 366-7163	Deborah.silva-smith@dot.gov	Peter.Noyes@dot.gov
Office of Congressional Affairs	(202) 366-7951	Elan.Flippin@dot.gov	Rahman.Williams@dot.gov
Office of Chief Counsel	(202) 366-3809	Richard.Wong@dot.gov	Stephen.Pereira@dot.gov
Office of Civil Rights	(202) 366-3475	Randelle.Ripton@dot.gov	Brian.Whitehead@dot.gov
Office of the Administrator	(202) 366-9854	Elan.Flippin@dot.gov	Rahman.Williams@dot.gov
Office of Planning and Environment	(202) 493-2478	Susan.Rollman@dot.gov	Tonya.Holland@dot.gov
Office of Research and Innovation	(202) 366-3765	Linda.Wolfe@dot.gov	
Office of Program Management	(202) 366-7951	Elan.Flippin@dot.gov	Rahman.Williams@dot.gov
Region 1	617-494-2865	Laurie.Ansaldi@dot.gov	Judi.Molloy@dot.gov
Region 2	212-668-2136	Maureen.Dowd@dot.gov	Faye.Ellison@dot.gov Veronica.Pelt-Hawkins@dot.gov
Region 3	215-656-7260	Catharine.Githens@dot.gov	Ann.Dolecki@dot.gov Sheila.Byrne@dot.gov
Region 4	404-562-3505	David.Mucher@dot.gov	Marie.Lopez@dot.gov
Region 5	312-886-0351	Latonya.Mickens@dot.gov	Alicia.Berger@dot.gov Derek.Davis@dot.gov
Region 6	817-978-0575	Linda.Kemp@dot.gov	Ruth.Johnston@dot.gov Phyllis.DeGarmo@dot.gov
Region 7	816-523-3921	Shannon.Graves@dot.gov	Cathy.Monroe@dot.gov
Region 8	720-963-3333	Cheryl.Schlis@dot.gov	@dot.gov
Region 9	415-744-2726	@dot.gov	Delilah.Enriquez@dot.gov Jonathan.Klein@dot.gov
Region 10	206-220-7959 Ingrid.Liyan	David.Powell@dot.gov	Deborah.Ensor@dot.gov Kenneth.Feldman@dot.gov

Terry.Gonzales

Office of Research and Innovation Programs	Grants for Projects in Research	1200 New Jersey Ave E54, SE Washington DC 20590	202-366-8511	202-366-4995	Linda.Wolfe@dot.gov
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Staff / Contractor / Auditor Forms

The form and supporting documentation must contain signatures, so it must be scanned and emailed (preferred), faxed, or mailed to the appropriate office in order to be processed and filed.

You **PXW** must first obtain FTA Functional Approval on your form (your supervisor, Program or Contract Manager, or Audit Liaison) before submitting to your managing office:

Recipient / Grantee Access Form**Who Should Use this Form**

Use this form if you require access to TEAM and are a recipient of FTA grant or other program funds, and intend to apply for and manage your grant or other projects electronically through TEAM.

If you are FTA Staff, an FTA Contractor, or Government Auditor, please use the Staff / Contractor / Auditor TEAM User Access Form.

* Fields are required

User Information	
1 HZ 8 VHU: DK3IQ	Select if you are a New User and are requesting a PIN number to electronically approve information in TEAM .
1 HZ 8 VHU: DKRXB IQ	Select if you are New User and will not require a PIN.
0 RGI\ 8 VHU	Select if you are an Existing User, and modifications are being requested to your account.
' HDM8 VHU	Select if your account is to be deleted.
8 VHUQP H	If this form requires action on an active user, enter the TEAM Username here.
* HQGHU 0) 2 SWRQDO	Circle M for male or F for female indicating your gender
) ILWI DP H	Spell your first name in the provided space
0 ,	Provide your middle initial if applicable
/ DWI DP H	Spell your last name in the provided space
2 IIIH3 KRQH	Provide your office telephone number
7 INH	Provide your job title
) \$; 1 XP EHU	Provide your fax number
(P DIO\$ GGUHV	Provide a valid email address
2 UJDQJ DMRQ1 DP H	Provide the name of your organization
5 HESIHQW'	Provide the Recipient ID of your Organization
0 DIOQI \$ GGUHV6 WHHVI XP EHU &IW	Provide the mailing address of your organization

) RLP) IHG

' HFUSWRQ

(P DIO\$ GGUHW	Email Address of user requesting access
8 VUW\$ XWRUJQI 6LJQDXUH 0 DIQ) 7 \$ 3 RQWRI &RQMF6XSHYRU	A Representing Official at the Grantee / Recipient Organization must sign to authorize the access being requested for the user in this form. This should be the Main FTA Point of Contact at the Organization, if possible. For supervisory signatures to be valid, please have the CEO, board chair or other delegated authority send us a delegation of signature with an org chart stating that any one who is the supervisor for a TEAM user can sign for that person.
3 UQMG1 DP HRI DERYH ' DM	Print the name of the Authorizing Supervisor or Main FTA Point of Contact)
Recipient Access Type	
, QIXIU 2 QQ	Check this field if you are authorized to review project data, but make no changes.
0 RGI\ 8 SGDM	Check this field to make changes to projects that do not require a PIN. Examples are: modifications to application information, budget revision entry and submission, quarterly report input and submission, other grantee information input, etc.
6XEP IV\$ SSQEDMRQ	Check this field if you are the recipient agency official who is designated to formally submit the grant application (a PIN is required). If this responsibility is to be delegated, provide a Designation of Signature Authority (see TEAM User access form instructions Appendix 1) and an Authorizing Resolution (see TEAM User access form instructions Appendix 2) must be provided or on FTA file with the phrase, "...his or her designee..."
([HXW\$ ZDUGV	Check this field if you are the recipient agency official who is designated to execute grant agreements (PIN required). If this responsibility is to be delegated, provide a Designation of Signature Authority (see TEAM User access form instructions Appendix 1) and an Authorizing Resolution (see TEAM User access form instructions Appendix 2) must be provided or on FTA file with the phrase, "...his or her designee..."
&HUM\ DV/ DZ\ HU	Check this field if you are an attorney and you are responsible for providing the legal attestation on the recipient agency's Annual Certifications and Assurances document. (PIN is Required) If this responsibility is to be delegated to another attorney in your absence, Designation of Signature Authority should be provided (see TEAM User access form instructions Appendix 1)
&HUM\ DV2 IHFDO	Check this field if you are the agency Authorized Official and you are responsible for signing the recipient agency's Annual Certifications and Assurances document. (PIN is

	Required). If this responsibility is to be delegated, provide a Designation of Signature Authority (see TEAM User access form instructions Appendix 1) and an Authorizing Resolution (see TEAM User access form instructions Appendix 2) must be provided or on FTA file with the phrase, "...his or her designee..."
&HUM\ DV%RK/ DZ\ HUDQG2 IIIEDO	Check this field if you are the agency Authorized Official and you are authorized to sign the recipient agency's Annual Certifications and Assurances document as both the agency official and on behalf of the recipient agency's attorney. (PIN is Required). Written delegation from attorney must be included or on FTA file. If this responsibility is to be delegated, provide a Designation of Signature Authority (see TEAM User access form instructions Appendix 1) or an Authorizing Resolution (see TEAM User access form instructions Appendix 2) must be provided or on FTA file with the phrase, "...his or her designee..."
3 URMGH6XSSOP HQMO\$ JUHP HQW	Check this field only if you are the Authorized Representative of the Designated Recipient and only if that entity has authorized another agency to be the Grantee (applicant). An applicant who is both the Designated Recipient and the Grantee (applicant) need not execute a supplemental agreement. (PIN is Required)
' HUJQDMG5 HEISIHQW' V ,QGIDM%HNZ	List all, or one or more 4 digit Recipient IDs (Vendor Codes) to which you are authorized data access as the Designated Recipient.
0 HMRSDMMQ3@QQIQI 2 UJQIJDNRQ 0 32 ,'	Indicate the Recipient ID of the Metropolitan Planning Organization.
Database	
Production	Select this option to request Access for the TEAM Production Database only.
Quality Assurance	Select this option to request Access for the TEAM Quality Assurance Database only. This data is a copy of the Production database made regularly and is to be used as a "practice area" only.
Both Production and QA	Select this option to request identical Access for the TEAM Production <i>and</i> Quality Assurance Database in this one request.
Acknowledgment of Rules Of Conduct For System Use	
6IJQDXUH	Signature of the user requesting access. Leave blank if this request is to delete a user.
' DM	Date of the signature above.
3 UQMG1 DP H	Printed name of the person signing above.
FTA Authorization (These fields are for use by FTA Only)	
) 7\$) XQFMRQDO\$ SSURYDO	

6IJQDXUHR \$ XWRUJQI) 7\$ 2 IIEFO	Signature of FTA person who is authorized to provide access (enter the user into the system) for this individual to the rights as indicated in the form, and as authorized by the FTA Functional Authorization above). This is normally the FTA Local Security Manager / TEAM Coordinator for an office. It is the person at FTA who ensures that this person is trained to access the FTA system. It may be the same person providing Functional Approval, above. Local Security Managers may attach the completed form to the user record in TEAM and provide a dated note in the USER Access record in lieu of a signature.
' DM	Date of the signature above
3 UQMG 1 DP H	Printed Name of the person signing above.
7 DM 2 IIEH	Title and Office of the person signing above.
) 7\$ 2 SHDWRQDO\$ SSURYO	
6IJQDXUHR \$ XWRUJQI) 7\$ 2 IIEFO	Signature of FTA person who is authorized to provide access (enter the user into the system) for this individual to the rights as indicated in the form, and as authorized by the FTA Functional Authorization above). This is normally the FTA Local Security Manager / TEAM Coordinator for an office. It is the person at FTA who ensures that this person is trained to access the FTA system. It may be the same person providing Functional Approval, above. Local Security Managers may attach the completed form to the user record in TEAM and provide a dated note in the USER Access record in lieu of a signature.
' DM	Date of the signature above
3 UQMG 1 DP H	Printed Name of the person signing above.
7 DM 2 IIEH	Title and Office of the person signing above.
8 VU, '	The User ID of the TEAM user referenced in this form. Formats for users are as follows (using example Jane Doe) DOEJ (use additional letters in the first name as necessary to provide a unique ID)
' DM3 URHMG	Date user was added to the system
8 VU, '	Indicate the Username of the user created or modified in this request
3,1	Indicate if PIN was assigned

Staff/Contractor/Auditor Access Form

Who Should Use this Form

Use this form if you require access to TEAM and are an FTA Staff, working as a contractor to support FTA Staff activities, or require access to perform audits on the data in the system.

If you are a recipient of FTA program funds through a grant or cooperative agreement, please use the Recipient Auditor TEAM User Access Form.

) RP) IHG	' HMFUSWRQ
User Information	
1 HZ 8 VHU: DK3 IQ	Select if you are a New user requesting access with a PIN. If you are requesting a PIN, in order to electronically sign from within the system. If YES the user must also provide a "Designation of Signature Authority". A template can be found in TEAM User access form instructions Appendix A.
1 HZ 8 VHU: DKRXV8 IQ	Select if you are a New User, that does not require a PIN
0 RGT 8 VHU	Select if modifications are being requested for your account. If you are requesting a PIN, you must also provide a "Designation of Signature Authority". A template can be found in the TEAM User access form instructions Appendix A.
' HDM8 VHU	Select if your user account is to be deleted.
8 VHQP H	If this form requires action on an active user, enter the TEAM Username here.
* HQGHU0) 2 SWRQDO	Circle M for male or F for female indicating your gender
) ILWI DP H	Spell your first name in the provided space
0 ,	Provide your middle initial if applicable
/ DWI DP H	Spell your last name in the provided space
2 IIIFH3 KRQH	Provide your office telephone number
7 IWI	Provide your job title
) \$; 1 XP EHU	Provide your fax number
(P DIC\$ GGUHV	Provide a valid email address
2 UJDQIDWRQ1 DP H	Provide the name of your organization

) RUP) IHG		' HFUSVRQ
0 DIQI \$ GGUHV6WHW XP EHU &IW 6WMM DQG=,3 &RGH		Mail Address of user requesting access
(P DIQ\$ GGUHV		Email Address of user requesting access
Database		
Production	Select this option to request Access for the TEAM Production Database only.	
Quality Assurance	Select this option to request Access for the TEAM Quality Assurance Database only. This data is a copy of the Production database made regularly and is to be used as a "practice area" only.	
Both Production and QA	Select this option to request identical Access for the TEAM Production <i>and</i> Quality Assurance Database in this one request. (Recommended)	
Functions		
<i>All Require Supervisor Authorization, <u>Underlined Functions require special authorizations as noted</u></i>		
\$ ZDUG	Check this field if you are authorized to award funds. This function must be accompanied by 7 % \$ XWRUJDMRQ and requires a PIN.	
' HREQDM	Check this field if you are authorized to deobligate funds.	
\$ SSURH%&GJH\$ HMMRQ	Check this if you are authorized to request the ability to Approve Budget Revisions.	
0 DIQMIQ3 URNFW	Check this field if you are authorized to Maintain projects.	
<u>&IYI5 IJKW</u>	Check this field if you are authorized to enter Civil Rights data for a recipient. This authority must additionally be verified by the Civil Rights office in HQ. This function must be accompanied by 7 &5 \$ XWRUJDMRQ	
<u>) IQDQFID3 XUSRH7 UDOMHLY</u>	Check this field if you are authorized to transfer funds between Financial Purpose Codes, UZAs, or manage earmarks. This function must be accompanied by 7 % \$ XWRUJDMRQ	
<u>/ HIDO&RQEXUHQH</u>	Check this field if you are authorized to provide Legal Concurrence. This function must be accompanied by 7 && \$ XWRUJDMRQ	
<u>\$ FFRXQMIQ) XQFMRQV</u>	Check this field if you are authorized to support Accounting Functions to set up budgets and transfer funds between funding accounts. This function must be accompanied by 7 % \$ XWRUJDMRQ	
<u>0 DIQMIQ) XQGV&RQMRQ</u>	Check this field if you are authorized to support Accounting Functions to set up budgets and transfer funds between funding accounts. This function must be accompanied by 7 % \$ XWRUJDMRQ	

) RLP) IHG		' HFUSVRQ
\$ SSURMH\$ GYFH	Check this field if you are authorized to Approve Advice. This function must be accompanied by 7 % \$ XWRUJDMRQ	
\$ SSURMH2 SHDMQJ %XGJHV	Check this field if you are authorized to Approve an Operating Budget This function must be accompanied by 7 % \$ XWRUJDMRQ	
(DUP DUN\$ GP IQIWDMRQ	Check this field if you are authorized to manage earmarks for your office, including adding or changing Earmark Status and Notes.	
(DUP DUN+ 4 0 DQDIHU	Check this field if you are authorized to manage earmark details (except financials) in HQ. This function must be accompanied by 730 \$ XWRUJDMRQ	
(DUP DUN) IQDQFID0 DQDIHU	Check this field if you are authorized to manage all earmark details, including financials in HQ. This function must be accompanied by TPM Authorization.	
2 VWHU) XQFVRQV	Check this field if you are authorized to request an ability that is not described above. Attach an explanation.	
+ HS ' HN	Check this field if you are authorized to provide System support and perform Administration functions. This function must be accompanied by 7 \$ ' \$ XWRUJDMRQ	
/ RFD06HFUXUW 0 DQDIHU	Check this field if you are authorized to perform Local Security Officer functions for an office (user access, utility functions) This function must be accompanied by 730 \$ XWRUJDMRQ	
\$ XGDMU\$ FFHV , QIXIU 2 QQ	Check this field if you are authorized to have read-only access to perform review of system data.	
2 VWHU5 IJKW 3 ODMH' HFUEH	Check this field if you are authorized to have an ability that is not described above. Attach an explanation.	
&RWA&HQM V , QGIFDM%HRZ	List all, or one or more cost center (office) codes to which you are authorized to request data access.	
Acknowledgment of Rules Of Conduct For System Use		
6IJQDXUH	Signature of the user requesting access. Leave blank if this request is to delete a user.	
' DM	Date of the signature above.	
3UQMG1 DP H	Printed name of the person signing above.	
FTA Authorization (These fields are for use by FTA Only)		
) 7 \$) XQFVRQDO\$ SSURYDO		

6XSHYXRU3URJUP 0 DQDIHU \$ XWKRUIJDMRQ1 DP H6LIQDXUH	Signature of the FTA person who is authorized to permit access for this individual to the rights as indicated in the form. This is normally*: STAFF- User's Supervisor or Office Administrator CONTRACTOR - User's FTA Program Manager, Contract Manager, or Contract Technical Representative AUDITOR - The FTA Audit Liaison *For Special Functions, such as access to Accounting, Budget, Civil Rights, or Help Desk functions, additional authorizations <i>may</i> be required. Consult your office Local Security Manager for details.
' DM	Date of the signature above
3 UQMG1 DP H	Printed Name of the person signing above.
7 DM 2 IIIFH	Title and Office of the person signing above.
) 7 \$ 2 SHDMRQDO\$ SSURXDO	
6LIQDXUHRI / REDO6HXUDW 0 DQDIHU	This is normally the FTA Local Security Manager / TEAM Coordinator for an office. Local Security Managers may attach the completed form to the user record in TEAM and provide a dated note in the USER Access record in lieu of a signature.
3 UQMG1 DP H	Printed Name of the person signing above.
7 DM 2 IIIFH	Title and Office of the person signing above.
' DM3 URHMHG	Date in of which this User Access Form is being processed into the TEAM system.
8 WU, '	The User ID of the TEAM user referenced in this form. Formats for users are as follows (using example Jane Doe) Staff - DOEJ Contractor - DOEJ00C Auditor - DOEJ00A Recipient - DOEJ00R (use additional letters in the first name as necessary to provide a unique ID)
3,1	Indicate the PIN that was assigned in this field

Blank Page

Appendix 1. Sample Format for DESIGNATION OF SIGNATURE AUTHORITY

(ON ORGANIZATION/COMPANY/AGENCY LETTERHEAD)

DESIGNATION OF SIGNATURE AUTHORITY For
The
TRANSPORTATION ELECTRONIC AWARD & MANAGEMENT PROCESS
(TEAM)

The _____ *(Name of Grantee)* hereby authorizes the *(Full Name and Title of Grantee Employee)* and the *(Full Name and Title of Grantee Employee, if more than one designated)* to be assigned and use of a Personal Identification Numbers (PIN), for the execution of annual Certification and Assurances issued by the Federal Transit Administration (FTA), submission of all FTA grant applications, and the execution of all FTA grant awards, on behalf of the officials below, for the FTA's Transportation Electronic Award and Management System (TEAM).

(_____ *Signature* _____)
(Grantee's Chief Executive Officer's Name)
(Title of Grantee's Chief Executive Officer)

(_____ *Signature* _____)
(Grantee's Legal Counsel's Name)
(Title of Grantee's Legal Counsel)

Appendix 2. Sample Format For Authorizing Resolution

Resolution No. _____

Resolution authorizing the filing of applications with the Federal Transit Administration, an operating administration of the United States Department of Transportation, for Federal transportation assistance authorized by 49 U.S.C chapter 53, title 23 United States Code and other Federal statutes administered by the Federal Transit Administration.

WHEREAS, the Federal Transportation Administrator has been delegated authority to award Federal financial assistance for a transportation project;

WHEREAS, the grant or cooperative agreement for Federal Financial assistance will impose certain obligations upon the Applicant, and may require the Applicant to provide the local share of the project cost;

WHEREAS, the Applicant has or will provide all annual certifications and assurances to the Federal Transit Administration required for the project.;

NOW, THEREFORE, BE IT RESOLVED BY (Governing Body of Applicant)

1. The (Title of Designated Official) or his/her designee is authorized to execute and file application for Federal assistance on behalf of (Legal Name of Applicant) with the Federal Transit Administration for Federal Assistance authorized by 49.U.S.C. chapter 53, Title 23, United States Code, or other Federal statutes authorizing a project administered by the Federal Transit Administration, (If the Applicant is requesting Urbanized Area Formula Program assistance authorized by 49 U.S.C. §5307, either alone or in addition other Federal assistance administered by the Federal Transit Administration) the resolution should state whether the Applicant is the Designated Recipient as defined by 49 U.S.C. §5307 (A.)(2) OR WHETHER THE applicant has received authority from the Designated Recipient to apply for Urbanized Area Formula Program assistance.

2. The (Title of Designated Official) or his/her designee is authorized to execute and file with its application the annual certification and assurances and other document the Federal Transportation Administration requires before awarding a Federal assistance grant or cooperative agreement.

3. The (Title of Designated Official) or his/her designee is authorized to execute grant and cooperative agreements with the Federal Transit Administration on behalf of (Legal Name of Applicant).

CERTIFICATION

The undersigned duly qualified (Title of Designated Official), acting on behalf of the (Legal Name of Applicant), certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting of the (Governing Body of the Applicant) held on (Month, Day, Year).

(If the Applicant has an official seal, impress here.)

(Signature of Recording Officer)

(Title of Recording Officer)

(Date)

Document Modification History

' DM	&KDQIH	%
5/12/2006	Modified Region 2 contact information, augmented instructions for User's Authorizing Signature from clarifications, added document modification history section	LopezJ
6/21/2006	Added Region 9 Local Security Manager	LopezJ
6/22/2006	R4, R5 Local Security Manager changes	LopezJ
6/29/2006	Region 9 Local Security Manager modifications	LopezJ
9/5/2006	Staff form updates: Added new functions for Earmark Administration, Management, increased FTA Authorization signature lines	Lopezj
10/19/2006	Improvements to Recipient form instructions.	Lopezj
12/1/2006	Added new TRO8 LSM	Lopezj
2/2/2007	Added new TRO10, TAD LSM	Lopezj
2/20/2007	Added new TRO1, TRO6 LSM	Lopezj
3/5/2007	Changed Virgin Islands from TRO2 to TRO4	Lopezj
4/13/2007	Added new TRO5 LSM	Lopezj
5/17/2007	Changed Region 3 LSMs, TBP	Lopezj

1/22/2009 Revisions by Walt Mokey:

- (1) Revised form by separating "TEAM User Access Application Forms" from the "instructions".
- (2) Revised Access Request Forms by eliminating requirement to include SSN
- (3) Deleted instructions and references for use of any portion of SSN
- (4) Updated table with Local Security Managers (LSM) contact information.

Revision by Rahman Williams:

- Updated LSM information 3/2011, 6/2011, 12/2011, 1/2012, 3/2012, 5/2012, 7/2012